

**Arizona State Retirement System
Medicare Senior Supplement Medical Plan
2009/2010 Plan Comparisons**

Plan Provisions	Effective thru Dec. 31, 2009	Effective Jan. 1, 2010
Deductible (Individual/Family)	\$100 per person for outpatient services	No Deductible
Maximum Lifetime Benefit	\$2,000,000	\$2,000,000
Maximum Ded/Co-Ins/Copays	\$100/Varies/Varies	No/Varies/Varies
Outpatient Benefits		
PCP Office Visit	Deductible; then 20% of MAC*	20% of MAC*
Specialist Office Visit	Deductible; then 20% of MAC*	20% of MAC*
Routine Office Physical	Not covered	Not covered
Examinations/Immunizations	Deductible; then 20% of MAC*	20% of MAC*
Outpatient Mental Health	Deductible; then 50% of MAC*	50% of MAC*
Outpatient Surgical Services	Deductible; then 20% of MAC*	20% of MAC*
Outpatient Standard X-rays	Deductible; then 20% of MAC*	20% of MAC*
Outpatient Specialized Scans	Deductible; then 20% of MAC*	20% of MAC*
Outpatient Lab Tests	Deductible; then 20% of MAC*	20% of MAC*
Durable Medical Equipment	Deductible; then 20% of MAC*	20% of MAC*
Skilled Nursing Facility	Days 1-20: \$0 Days 21-100: \$119/day Days over 101: \$0	Days 1-20: \$0 Days 21-100: \$119/day Days over 101: \$0
Home Health Care	\$0	\$0
Physical, Speech & Occupational Therapy	Deductible; then 20% of MAC*	20% of MAC*
Inpatient Benefits		
Inpatient Hospital Expenses	\$0 unless lifetime Maximum has been used	\$0 unless lifetime Maximum has been used
Inpatient Mental Health	\$0 up to 190 days lifetime	\$0 up to 190 days lifetime
Prescription Benefits		
Generic /Brand	\$10/\$35 copay All but member copay to \$2700 Annual Max	\$10/\$35 copay All but member copay to \$2700 Annual Max
Mail Order (90-day supply)	\$20/\$70 copay All but member copay to \$2700 Annual Max	\$20/\$70 copay All but member copay to \$2700 Annual Max
Other Benefits		
Emergency Room	Deductible; then 20% of MAC*	20% of MAC*
Urgent Care Facility	Deductible; then 20% of MAC*	20% of MAC*
Ambulance	Deductible; then 20% of MAC*	20% of MAC*
Other		
Hearing Exam/Aids	Not covered	Not covered
Vision Exam	\$80 allowance per calendar year	\$80 allowance per calendar year
Lenses and Frames	\$130 allowance per calendar year	\$130 allowance per calendar year
Premium:		
Maricopa, Pima, Pinal	\$342 / \$684	\$342 / \$684
All other counties and Out of State	\$342 / \$684	\$342 / \$684

*MAC - Medicare Approved Charges

Yellow highlight indicates a change from 2009 plan